

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/02/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445496	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED 05/30/2017
NAME OF PROVIDER OR SUPPLIER THE MEADOWS			STREET ADDRESS, CITY, STATE, ZIP CODE 8044 COLEY DAVIS ROAD NASHVILLE, TN 37221		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 131 SS=D	<p>NFPA 101 Multiple Occupancies</p> <p>Multiple Occupancies - Sections of Health Care Facilities Sections of health care facilities classified as other occupancies meet all of the following: * They are not intended to serve four or more inpatients. * They are separated from areas of health care occupancies by construction having a minimum 2-hour fire resistance rating in accordance with Chapter 8. * The entire building is protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7. Hospital outpatient surgical departments are required to be classified as an Ambulatory Health Care Occupancy regardless of the number of patients served. 18.1.3.3, 19.1.3.3, 42 CFR 482.41, 42 CFR 485.623 This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the rating of the separation wall.</p> <p>The findings included:</p> <p>1. Observation on 05/30/2017 at 11:54 AM, revealed 20 min rated doors on a 2 hour cross corridor (by RM B10) which is affecting 47 residents. NFPA 101, 19.1.3.5 (2012 Edition)</p> <p>2. Observation on 05/30/2017 at 11:50 AM, revealed the 2 hour cross corridor (next to RM B10) had multiple penetrations above the drop ceiling (12 penetrations). NFPA 101, 19.1.3.5 (2012 Edition)</p> <p>The maintenance director was present when the</p>	K 131	<p>RECEIVED</p> <p>JUN - 2 2017</p> <p>Health Care Facilities</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 131	Continued From page 1	K 131	<div style="text-align: center;"> <h1>RECEIVED</h1> <p>JUN - 2 2017</p> <p>Health Care Facilities</p> </div>		
K 222 SS=F	<p>NFPA 101 Egress Doors</p> <p>Egress Doors</p> <p>Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements:</p> <p>CLINICAL NEEDS OR SECURITY THREAT LOCKING</p> <p>Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times.</p> <p>18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6</p> <p>SPECIAL NEEDS LOCKING ARRANGEMENTS</p> <p>Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation.</p> <p>18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4</p> <p>DELAYED-EGRESS LOCKING</p>	K 222			

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K 222	<p>Continued From page 2</p> <p>ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4</p> <p>ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4</p> <p>ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to provide proper egress locking arrangements.</p> <p>The finding included:</p> <p>Interview with staff on 05/30/2017 at 1:15 PM, revealed that 3 staff members did not have access to a key to open a gate in the path of egress affecting 24 residents (exiting the court yard to the public way by the day room). NFPA 101, 19.2.2.2.6 (2012 Edition)</p> <p>The maintenance director was present when the deficiency was identified and was later</p>	K 222	<p>RECEIVED</p> <p>JUN - 2 2017</p> <p>Health Care Facilities</p>		

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K 222	Continued From page 3 acknowledged by the administrator during the exit conference on 05/30/2017.	K 222			
K 311 SS=D	NFPA 101 Vertical Openings - Enclosure Vertical Openings - Enclosure 2012 EXISTING Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6. 19.3.1.1 through 19.3.1.6 If all vertical openings are properly enclosed with construction providing at least a 2-hour fire resistance rating, also check this box. This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the vertical openings. The findings included: Observation on 05/30/2017 between 10:56 AM and 11:50 AM, revealed fire wall penetrations in a vertical shaft in the following areas. a. 2 inch steel pipe penetration above the drop ceiling penetrating the block wall entering into the stairwell on the second floor b. half inch metal conduit penetration above the drop ceiling penetrating the block wall entering the elevator shaft NFPA 101, 19.3.1.1 (2012 Edition), NPFA 101, 8.6.5 (2012 Edition) The maintenance director was present when the deficiencies were identified and was later acknowledged by the administrator during the exit	K 311			

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K 311	Continued From page 4	K 311					
K 362	conference on 05/30/2017.	K 362					
SS=D	<p>NFPA 101 Corridors - Construction of Walls</p> <p>Corridors - Construction of Walls 2012 EXISTING Corridors are separated from use areas by walls constructed with at least 1/2-hour fire resistance rating. In fully sprinklered smoke compartments, partitions are only required to resist the transfer of smoke. In nonsprinklered buildings, walls extend to the underside of the floor or roof deck above the ceiling. Corridor walls may terminate at the underside of ceilings where specifically permitted by Code.</p> <p>Fixed fire window assemblies in corridor walls are in accordance with Section 8.3, but in sprinklered compartments there are no restrictions in area or fire resistance of glass or frames.</p> <p>If the walls have a fire resistance rating, give the rating _____ if the walls terminate at the underside of the ceiling, give brief description in REMARKS, describing the ceiling throughout the floor area.</p> <p>19.3.6.2, 19.3.6.2.7</p> <p>This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the construction of the corridor walls.</p> <p>The finding included:</p> <p>Observation on 05/30/2017 at 11:47 AM, revealed a ½ inch metal conduit and 2 inch metal conduit penetration not sealed properly in the corridor above the drop ceiling (above RM B4). NFPA 101, 19.3.6.2.2</p> <p>The maintenance director was present when the deficiency was identified and was later</p>						

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K 362	Continued From page 5 acknowledged by the administrator during the exit conference on 05/30/2017.	K 362			
K 916 SS=F	NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Alarm Annunciator A remote annunciator that is storage battery powered is provided to operate outside of the generating room in a location readily observed by operating personnel. The annunciator is hard-wired to indicate alarm conditions of the emergency power source. A centralized computer system (e.g., building information system) is not to be substituted for the alarm annunciator. 6.4.1.1.17, 6.4.1.1.17.5 (NFPA 99) This STANDARD is not met as evidenced by: Based on observation, the facility failed to provide a remote annunciator located in an area observable by operating personnel. The finding included: Observation on 05/30/2017 at 2:20PM, revealed that the generator annunciator panel is located in an area not supervised 24 hours a day. NFPA 99, 6.4.1.1.17(2012 Edition) The maintenance director was present when the deficiency was identified and was later acknowledged by the administrator during the exit conference on 05/30/2017.	K 916			
K 920 SS=D	NFPA 101 Electrical Equipment - Power Cords and Extens Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only	K 920			

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K 920	<p>Continued From page 6</p> <p>used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4.</p> <p>10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5</p> <p>This STANDARD is not met as evidenced by: Based on observations, the facility failed to provide documentation on power strips being used.</p> <p>The findings include:</p> <p>Observation on 05/30/2017 between 12:23 PM and 01:20 PM, revealed unapproved power strips in the following rooms:</p> <ul style="list-style-type: none"> a. A33 b. A23 c. B20 d. B21 e. B22 f. B23 g. B27 <p>CMS-S&C-1446-LSC</p>	K 920			

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K 920	Continued From page 7 NFPA 99, 10.2.3.6 (2012 Edition) The maintenance director was present when the deficiencies were identified and was later acknowledged by the administrator during the exit conference on 05/30/2017.	K 920			

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